

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A. Signature

☒ Adult Signature  
☐ Adult Signature Restricted Delivery

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

L. Garrett

C. Date of Delivery

7-13-22

 D. Is delivery address different from item 1? ☐ Yes  
 If yes, delivery address below: ☐ No

**ALEXANDER S. DAVIS**  
**1500 K STREET NW SUITE 900**  
**WASHINGTON DC 20005**

3:21CV259DCG Text Odr granting ProHac



2. Article Number (Transfer from service label)

7020 1810 0001 9915 2824

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt